

ISSUE CLASSIFICATION	
Class	Subclass

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**PATENT NUMBER**

## **U.S. UTILITY Patent Application**

**O.I.P.E.**

**PATENT DATE**

SCANNED

SCANNED  Q.A. 

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/634054	D	604	20	37623	Hayes

David Newsome, M. D.

## APPlicants

Dilation enhancer with pre-medicated contact lenses

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CIP of May 20

PTO-2040  
12/89

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.				<b>NOTICE OF ALLOWANCE MAILED</b>	
	(Assistant Examiner) _____ (Date)				
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____				<b>ISSUE FEE</b>	
	(Primary Examiner) _____ (Date)			Amount Due	Date Paid
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